



## **H Alabama Medicaid Physician Drug List**

Effective for dates of service January 1, 2004 and thereafter, Medicaid will begin using only HCPCS codes.

### **H.1 Policy**

#### ***H.1.1 Injections***

Medicaid covers physician drugs when billed by a physician using the new list of approved HCPCS codes.

The HCPCS drug codes are intended for use in Physician office and Outpatient billing of manufactured medications given in each respective place of service. The Alabama Medicaid Agency only reimburses for compounded medications by the billing of NDC numbers through the Pharmacy Program directives.

Appropriate administration code(s) in the Current Procedural Terminology (CPT) may be billed in addition to the HCPCS drug codes and office visit codes for the same date of service. Please refer to the following section "Evaluation and Management Codes Billed in Conjunction With Drug Administration Codes" for details concerning office visits, chemotherapy administration, hydration therapy and chemotherapy, and date specific changes.

#### **Medicare/Medicaid Drugs**

Medicare Part B covers some drugs in a physician's office. If the recipient is dually eligible for Medicare and Medicaid, the HCPCS code should be billed first to Medicare.

Medicare Part D drugs are a pharmacy benefit and should not be billed to Medicaid by physicians or outpatient facilities. Part D drugs are billed to Medicare on a pharmacy claim with the NDC number.

Not all drugs listed in Appendix H are considered Part B drugs. Self Administered drugs are generally considered non-covered for Part B benefits. Coverage of Physician Drugs may be found on Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) or by AVRS or Provider Assistance Center at 1-800-688-7989.

#### **Site-Specific Injections**

Both the relevant CPT and J codes are billed. For example, a subconjunctival injection to the eye would be billed as 68200 (CPT) with a separate J code for the drug; thus, site specific injections are submitted as two lines.

## EVALUATION AND MANAGEMENT CODES BILLED IN CONJUNCTION WITH DRUG ADMINISTRATION CODES

### Effective for Dates of Service 01/01/2006 and Thereafter

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Added: 96372  
Deleted: ~~90773~~  
Added: 96373  
Deleted: ~~90774~~  
Added: 96374  
Deleted: ~~and 90775~~  
Added: 96375 and 96376

When an Evaluation and Management Code (E & M) is billed, medical record documentation must support the medical necessity of the visit as well as the level of care provided. CPT Guidelines are utilized to determine if the key components of an Evaluation and Management Code are met. When an Evaluation and Management service is provided *and* a Drug Administration code (96372, 96373, 96374, 96375 and 96376) is provided at the same time, the E & M code, Drug Administration Code, and the HCPCs Code for the drug may be billed.

However, when no E & M service is actually provided at the time of a Drug Administration, an E & M code should not be billed. In this instance, the Drug Administration Code and the HCPCs Code for the drug may be billed. An example of this is routine monthly injections like B-12, iron, or Depo-Provera given on a regular basis without an E & M service being provided.

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Added: 2009  
Deleted: ~~90760~~  
Added: 96360  
Deleted: ~~90761~~  
Added: 96361  
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Added: 96365  
Deleted: ~~90766~~  
Added: 96366  
Deleted: ~~90767~~  
Added: 96367  
Deleted: ~~90768~~  
Added: and 96368

There have been 2009 CPT Code changes to describe other Administration Codes for Hydration (96360, 96361), Therapeutic, Prophylactic, and Diagnostic Infusions (96365, 96366, 96367 and 96368) and Chemotherapy Administration Codes (96401-96542). A Significant Separately Identifiable Service must be performed in conjunction with these administration codes for consideration of payment for an Evaluation and Management Code to occur. A **Modifier 25** must be appended to the E & M service for recognition as a “**Significant Separately Identifiable Service**”. Procedure Codes 99211 will not be allowed with Modifier 25 or in conjunction with the administration codes for the same date of service. Medical record documentation must support the medical necessity and level of care of the visit. These services are subject to post payment review.

### Chemotherapy Injections

#### For Dates Of Service Prior To July 1, 2005

Medicaid will pay separately for cancer chemotherapy medications (e.g., J codes) and chemotherapy administration (e.g., 96400-96450). If an office visit occurs on the same day as chemotherapy, the office visit must be a significant, separately identifiable evaluation and management service by the same physician.

Physicians will also be paid separately for chemotherapy injections when provided with an infusion during an office visit. (Again, there must be a different diagnosis code than that of cancer.) Separate payments will be made for each chemotherapeutic agent furnished on the day of chemotherapy. This also includes chemotherapy injections when provided with an infusion during an office visit.

Medicaid will not pay for chemotherapy administration in a hospital setting, and claims for these codes with modifier 26 will not be recognized.

#### For Dates Of Service January 1, 2006 And Thereafter



Effective for Dates of Service January 1, 2006 and thereafter, the Alabama Medicaid Agency will adopt the new CPT's Chemotherapy and Non-Chemotherapy administration codes. Alabama Medicaid will also discontinue coverage of the temporary G codes designated for Chemotherapy and Non-Chemotherapy administration codes effective December 31, 2005. The temporary G codes are effective for services provided on or after July 1, 2005 and before January 1, 2006. The crosswalk between the previous codes and the new codes is outlined on page 2 of this Alert. The following CPT drug administration codes will remain in effect and covered for 2009. Please refer to the CPT 2009 guidelines for Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy) and Chemotherapy Administration codes. The following CPT code ranges are:

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- CPT code ranges 96360 through 96376 and
- CPT codes ranges 96401 through 96542.

Deleted: ~~90760~~  
Added: 96360  
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Added: 96376

The change to the new codes brings about an improvement in billing and reporting codes through the creation of new codes to identify initial infusions and additional sequential infusions. There are also new codes to identify additional non-chemotherapy sequential intravenous pushes and intravenous chemotherapy pushes for additional drugs.

Alabama Medicaid has established the following new guidelines that should be utilized by physicians when billing for administration codes.

- For non-chemotherapy injections, services described by CPT codes 96372, 96374, and 96375 may be billed in addition to other physician fee schedule services billed by the same provider on the same day of service.
- For IV infusions and chemotherapy infusions, if a significant separately identifiable E & M service is performed, the appropriate E & M CPT code should be reported utilizing modifier 25.
- When administering multiple infusions, injections, or combinations, only one "initial" drug administration service code should be reported per patient per day, unless protocol requires that two separate IV sites must be utilized. The initial code is the code that best describes the service the patient is receiving and the additional codes are secondary to the initial code.
- "Subsequent" drug administration codes, or codes that state the code is listed separately in addition to the code for the primary procedure, should be used to report these secondary codes. If an injection or infusion is of a subsequent or concurrent nature, even if it is the first such service within that group of services, then a subsequent or concurrent code from the appropriate section should be reported.
- If the patient has to come back for a separately identifiable service on the same day, or has 2 IV lines per protocol, these services are considered separately billable with a modifier 76.

Deleted: ~~90772~~  
Added: 96372  
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Added: 96374  
Deleted: ~~90775~~  
Added: 96375

Deleted: ~~G0345, 90760~~  
Added: 90760 and 96360

Deleted: ~~G0346, 90761~~  
Added: 90761 and 96361

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Added: 90767 and 96367

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Added: 90768 and 96368

Deleted: ~~G0351 and 90772~~  
Added: 90772 and 96372

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Added: 90773 and 96373

Deleted: ~~G0353 and 90774~~  
Added: 90774 and 96374

Deleted: ~~G0354 and 90775~~  
Added: 90775 and 96375

Added: 90776 and 96376

Old Code	New Code	Descriptor	Add-On Code
90760	96360	Intravenous infusion, hydration; initial, up to 1 hour	
90761	96361	Intravenous infusion, hydration; each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
90765	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour (Specify substance or drug)	
90766	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis; (specify substance or drug) each additional hour, up to 8 hours (List separately in addition to code for procedure)	Yes
90767	96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (Specify substance or drug); Additional sequential infusion, up to 1 hour (List separately in addition to code for procedure)	Yes
90768	96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (Specify substance or drug); Concurrent infusion (List separately in addition to code for procedure)	Yes
90772	96372	Therapeutic, prophylactic, or diagnostic injection (Specify substance or drug); Subcutaneous or Intramuscular	
90773	96373	Therapeutic, prophylactic or diagnostic injection (Specify substance or drug); intra-arterial	
90774	96374	Therapeutic, prophylactic or diagnostic injection intravenous push, single or initial substance/	
90775	96375	Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of a new substance/drug	Yes
90776	96376	Therapeutic, prophylactic or diagnostic injection; each additional sequential intravenous push of the same substance/drug	Yes
G0355	96401	Chemotherapy administration, subcutaneous or intramuscular; Non-hormonal antineoplastic	
G0356	96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal antineoplastic	
G0357	96409	Chemotherapy administration, intravenous; push technique, single or initial substance/drug	
G0358	96411	Chemotherapy administration, intravenous push technique, each additional substance/drug (list separately in addition to code for primary procedure)	Yes
G0359	96413	Chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug	
G0360	96415	Chemotherapy administration, intravenous infusion technique; each additional hour, 1 to 8 hours	Yes
G0361	96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a Portable or implantable pump.	
G0362	96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug) up to 1 hour (List separately in addition to code for primary procedure)	Yes
96520	96521	Refilling and maintenance of portable pump	
96530	96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	
G0363	96523	Irrigation of implanted venous access device for drug delivery systems	

Please refer to Chapter 19 (Hospitals) for details on chemotherapy administration and infusion therapy.

### **Procedure Code Changes For Sodium Hyaluronate (Hyaluronan)**

The Agency received CMS notification that the following temporary Q codes listed below have been assigned permanent J codes beginning January 1, 2008.

J7321 replaces Q4083 Hyaluronan or Derivative, Hyalgan or Supartz, for intra-articular injection, per dose,

J7322 replaces Q4084 Hyaluronan or Derivative, Synvisc, for intra-articular injection, per dose,

J7323 replaces Q4085 Hyaluronan or Derivative, Euflexxa, for intra-articular injection, per dose, and/or

J7324 replaces Q4086 Hyaluronan or Derivative, Orthovisc, for intra-articular injection, per dose.

Please refer to the Physicians' Drug Fee Schedule on Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) or call the EDS Provider Assistance Center 1-800-688-7989 for reimbursement and guidelines.

### **Bevacizumab (Avastin)**

There are two new procedure codes (PC) available to use for billing Bevacizumab. Both codes became available 1-1-05. The description for code S0116 is "bevacizumab, 100 mg". As a reminder, Avastin should be administered in combination with standard chemotherapy drugs for colon cancer, e.g., Fluorouracil, Leucovorin, Oxaliplatin, and Irinotecan, according to the FDA.

### **Prior Authorization Required for Orendia and Kineret**

Effective September 1, 2006, injectable drugs Orendia (New Code in 2007 - J0129) and Kineret will require prior authorization as Biologicals through Health Information Designs (HID) prior to treatment. Although kineret has not been assigned HCPCS codes, you must request the Prior Authorization using procedure code J3490. After receiving authorization from HID, a CMS-1500 paper claim must be submitted to EDS including the dosage and NDC number. The letter of approval from HID must be attached to the claim, and "attachment" in block 19. These drugs must be approved through HID prior to administering and billing. HID may be contacted at 1-800-748-0130. The Prior Authorization forms are located on our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

### Immune Globulin Replacement Codes

The Agency received CMS notification that the following temporary Q codes have been assigned permanent J codes beginning January 1, 2008.

J1568 replaces Q4087 Injection, Immune Globulin, (Octagam),  
Intravenous, non-lyophilized, (e.g., liquid), 500 mg.  
J1569 replaces Q4088 Injection, Immune Globulin, (Gammagard),  
intravenous, non-lyophilized, (e.g. liquid), 500 mg.  
J2791 replaces Q4089 Injection, RHO (D) Immune Globulin (Human),  
Rhophylac), intravenous, 100 I.U.  
J1571 replaces Q4090 Injection, Hepatitis B Immune Globulin (Hepagam  
B), intramuscular, 0.5 ML  
J1572 replaces Q4091 Injection, Immune Globulin, (Flebogamma),  
intravenous, non-lyophilized, (e.g. liquid) 500 mg.  
J1561 replaces Q4092 Injection, Immune Globulin, (Gamunex),  
intravenous, non-lyophilized, (e.g. liquid), 500 mg.

Please refer to the Physicians' Drug Fee Schedule on Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) or call the EDS Provider Assistance Center 1-800-688-7989 for reimbursement and guidelines.

Effective for dates of service January 1, 2006 and thereafter, Intravenous Immune Globulin has new codes. The codes are listed below for reference and may be viewed on the Physician Drug Fee Schedule on our website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

HCPCs Code	Long Description	Max Units
J1566	Injection, Immune Globulin, Intravenous, Lyophilized, (e.g. powder), 500 mg.	140
J1567	Injection, Immune Globulin, Intravenous, Non-Lyophilized, (e.g. liquid), 500 mg	140

Previous HCPCs Codes: Q9941, Q9942, Q9943, and Q9944 have been discontinued effective December 31, 2005.

### Allergy Treatments

Physicians may bill for antigen services using only the component codes (i.e., the injection only codes 95115 or 95117) and/or the codes representing antigens and their preparation (i.e., codes 95144 through 95170). Physicians providing only an injection service must bill for only code 95115 or code 95117. Professional services for allergen immunotherapy multiple injections (procedure codes 95117 and 95125) should be billed using only one unit. Effective April 1, 2003, the Agency will deny claims for these procedure codes when more than one unit is billed.

Physicians providing only the antigen/antigen preparation service would bill the appropriate code in the range of 95144 through 95170. Physicians providing both services would bill for both services. This includes allergists who provide both services through the use of treatment boards.

Physicians will no longer use the "complete" service codes, and instead must bill for both the injection and the antigen services separately, even though the current CPT definitions of the antigen codes refer to vials and the physicians using treatment boards do not create vials.

Procedure codes 95144 - 95170 are used for the provision of single or multi-dose vials of allergenic extract for single patient use only. These procedures should only be billed at the time that these vials are supplied to the patient.

In the November 2006 Insider, an article was published to announce a change in the maximum number of allowed units for allergen immunotherapy. Medicaid is providing clarification to guide physicians who bill for the provision of allergen immunotherapy. Medicaid allows billing for the allergen at the time an individual vial is first used for a patient, but not for the entire amount of allergen/dilution prepared for the patient at once as this would likely exceed the maximum number of allowed units.

Procedure Code 95165 represents the preparation of vials of non-venom antigens. The reimbursement for procedure code 95165 is based on preparing a vial containing a mixture of all the appropriate antigens plus diluents and calculating the number of 1/2cc billing units in the vial. Using this calculation, a 10cc vial would yield 20 billing units.

Therefore, one-half (1/2) cc equals one (1) billing unit. The actual number of doses received by a patient may differ significantly from the number of billing units. If a physician removes 1/2cc billing units from a 10cc multidose vial, and 20 billing units are obtained from one vial, he/she will still bill Medicaid for 20 billing units (aliquots). Billing for more than 20 billing units per 10cc vial would represent an overpayment and be subject to post payment review and adjustment.

When a multidose vial contains less than 10cc, physicians should bill Medicaid for the number of 1/2cc billing units that may be removed from the vial. If a physician prepares two 10cc vials containing **different allergens**, he/she may bill Medicaid for a total of 40 billing units (20 billing units per vial).

The maximum number of billable units (two-10cc vials) for procedure code 95165 was set as "20" effective November 1, 2006. If multiple vials are prepared at one time, each vial should be billed when that vial is opened for use for the patient. Administration of vaccine may continue to be billed as each dose is given in the physician's office. Medical record documentation must clearly support the treatment plan, each vial used, antigens, dosage, and changes in the treatment regime.

Claims exceeding 20 billing units (such as two 10cc vials containing different allergens) will require manual processing by sending a clean claim with medical justification, medical records, and supporting fact based documentation to:

Alabama Medicaid Agency  
P.O. Box 5624  
Montgomery, Alabama, 36104  
Attention: Medical Support Programs

### **Botulinum Toxin Injections**

HCPSC code for J0587 reads “per 100 units”. Therefore, 100 units of J0587 will equal one billing unit. However, because of the expense of the drug, physicians are encouraged to schedule patients in a manner that they can use botulinum toxin most efficiently. For example, a physician schedules three patients requiring botulinum toxin type A on the same day within the designated shelf life of the drug (shelf life is four hours). The physician administers 30 units to all three patients and bills 30 units for the first two patients and 40 units for the last patient. The physician would bill 40 units for the last patient because the patient received 30 units but the physician had to discard 10 units.

HCPSC code for J0585 reads “per unit”. Therefore this code requires the units of service on the claim to reflect the number of units used. However, if a physician must discard the remainder of a single dose vial (sdv) after administering it to a patient, the Agency will cover the amount of the drug discarded along with the amount administered. For example, a physician administers 15 units of botulinum toxin type A and it is not practical to schedule another patient who requires botulinum toxin. Situations that are impractical to schedule another patient include (a) it is the first time the physician has seen the patient and did not know the patient’s condition or (b) the physician has no other patients who require botulinum toxin injections.

Documentation requirements must include the exact dosage of the drug given and the exact amount of the discarded portion in the patient’s medical record as well as the corresponding diagnosis. However, if no benefit is demonstrable by two sets of injections, further injections will not be considered medically necessary.

### **Units of Service**

Physician drug maximum number of units allowed are calculated based on a “per dose” basis, and by the narrative description of the HCPSC code. Some dosages are inherent in the narrative description of the codes and will assist in determining the number of units to file. When administering a lesser or greater dosage than the narrative description providers should round the billing unit up to the closest amount charted. For example, J0290, Ampicillin, up to 500 mg:

If administering 1000mg, bill 2 units  
750 mg, bill 2 units  
500 mg, bill 1 unit  
125 mg, bill 1 unit



**Exception: Bicillin CR and Bicillin LA**

Effective November 1, 2007, Bicillin CR and Bicillin LA will be priced on a 600,000 unit per ML basis. One of the 6 procedure codes (**J0530** (up to 600,000 units), **J0540** (up to 1,200,000 units), **J0550** (up to 2,400,000 units), **J0560** (up to 600,000 units), **J0570** (up to 1,200,000 units), and **J0580** (up to 2,400,000 units)) should be chosen based on the drug description and total dosage given. The number of billing units would then be derived by dividing the dosage by 600,000 units. Fractions of billing units are rounded up to the next whole unit.

**Example:** If the dosage of Bicillin LA is 1,800,000 units, choose the appropriate procedure code for the dosage administered. In this case procedure code **J0580** (up to 2,400,000 units) is the appropriate code to be used. Next, take the dosage given (1,800,000 units) and divide by 600,000 units to obtain the billing units. This dosage would yield 3 billing units ( $1,800,000 / 600,000 = 3$  units) for code J0580.

**Modifier JW**

The Agency supports the avoidance of wasted (discarded) medicine whenever possible. Medicare requests the use of modifier JW on a second line item to indicate the wasted (discarded) amount of medication. Medicaid accepts the use of modifier JW, but total units must not exceed maximum number of allowed units.

**Flu Vaccination**

Procedure code 90657 is covered for the administration fee under the Vaccine for Children (VFC) program for eligible children under three years of age. Procedure codes 90656 and 90658 are a covered service for the administration fee under the VFC program from age three through age eighteen. Code 90658 is covered fee-for-service (vaccine medication) from age nineteen and above.

**Vaccines for Children (VFC)**

The Vaccines for Children (VFC) program offers free vaccines to qualified health care providers for children who are 18 years of age and under who are Medicaid eligible, uninsured, American Indian or Alaskan Native, or the under insured. Providers must be enrolled in the VFC Program to receive any reimbursement for the administration of immunizations provided to recipients 0-18 years of age. The Alabama Department of Public Health administers this program.

Medicaid tracks usage of the vaccine through billing of the administration fee using CPT codes. Refer to Section A.7, Vaccines for Children, in the EPSDT appendix in this manual, for covered CPT codes.

**ImmPRINT Immunization Provider Registry**

The Alabama Department of Public Health has established a statewide immunization registry. Please visit their website at <https://siis.state.al.us> for more information.

## Adult Immunizations

Payment for immunizations against communicable diseases for adults will be made if the physician normally charges his patients for this service. Immunizations that are provided to Medicaid eligible recipients 19 years old and older must submit a claim for the appropriate CPT code. Vaccines are reimbursable on a fee-for-service basis. The administration fee may be billed separately if an office visit is not billed.

## Unclassified Drugs

A provider who administers a physician drug not listed should use the following J codes:

- J3490 - Unclassified Drugs
- J9999 - Not otherwise classified, antineoplastic drugs.

The claim must be sent on paper with a description of the drug attached. Providers should submit a claim with the complete name of the drug, dosage and a National Drug Code (NDC) number. Please be sure to search the Physician Drug List to see if the drug is possibly under a generic name. The claims containing the unclassified procedure code must be sent to: EDS, Attn: Medical Policy, PO Box 244032, Montgomery, AL 36124-4032. EDS will determine the price of the drug.

## Pricing of Physician Drugs

For Dates of Service prior to July 1, 2005, physician drug prices were updated semi-annually by EDS. Medicaid reimbursement was calculated by averaging the Average Wholesale Prices (AWP) from the *Red Book* or 80-95% of *DIMA (Drug, Improvement, and Modernization Act)*.

Effective for Dates of Service July 1, 2005 and thereafter, the Alabama Medicaid Agency will adopt Medicare's Drug Pricing Methodology using the Average Sale Price (ASP) for HCPCS injectable drug codes.

## 340B Drug Pricing

When an eligible 340B entity submits a bill to the Medicaid Agency for a drug purchase by or on behalf of a Medicaid recipient, the amount billed shall not exceed the entity's actual acquisition cost for the drug, as charged by the manufacturer at a price consistent with the Veterans Health Care Act of 1992. Covered entities are identified to Medicaid by the Department of Health and Human Service. These providers are required to bill at actual invoice cost. As manufacturer price changes occur, providers must ensure that their billings are updated accordingly.

Added: 340B Drug Pricing section

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## H.2 Physician Drug List by Name

The following table provides a listing of valid physician drug codes sorted alphabetically by name. To view this list sorted numerically, refer to Section H.3, Physician Drug List by Procedure Code.

The inclusion or exclusion of a procedure code on this list does not imply Medicaid coverage, reimbursement, or lack thereof. To inquire regarding any restrictions/limits on these procedure codes, please consult the Provider Assistance Center at 1-800-688-7989. The pricing file must be verified to determine coverage and reimbursement amounts.

Replaced table

The following drugs can be injected subcutaneously, intramuscularly, or intravenously.

### Appendix H as of 12/12/2008

Procedure Code	Procedure Code Description	Prior Authorization
J7042	5% DEXTROSE/NORMAL SALINE	No
J7060	5% DEXTROSE/WATER	No
J0128	ABARELIX INJECTION	No
J0129	ABATACEPT INJECTION	Yes
J0132	ACETYLCYSTEINE INJECTION	No
J0133	ACYCLOVIR INJECTION	No
J0135	ADALIMUMAB INJECTION	Yes
J0152	ADENOSINE INJECTION	No
J0170	ADRENALIN EPINEPHRIN INJECT	No
J0180	AGALSIDASE BETA INJECTION	No
J9015	ALDESLEUKIN/SINGLE USE VIAL	No
J0215	ALEFACEPT	No
J9010	ALEMTUZUMAB INJECTION	No
J0205	ALGLUCERASE INJECTION	No
J0220	ALGLUCOSIDASE ALFA INJECTION	No
J0256	ALPHA 1 PROTEINASE INHIBITOR	No
J2997	ALTEPLASE RECOMBINANT	No
J0207	AMIFOSTINE	No
J0280	AMINOPHYLLIN 250 MG INJ	No
J0282	AMIODARONE HCL	No
J1320	AMITRIPTYLINE INJECTION	No
J0300	AMOBARBITAL 125 MG INJ	No
J0288	AMPHO B CHOLESTERYL SULFATE	No
J0285	AMPHOTERICIN B	No
J0287	AMPHOTERICIN B LIPID COMPLEX	No
J0289	AMPHOTERICIN B LIPOSOME INJ	No
J0290	AMPICILLIN 500 MG INJ	No
J0295	AMPICILLIN SODIUM PER 1.5 GM	No
J0348	ANADULAFUNGIN INJECTION	No
J7511	ANTITHYMOCYTE GLOBULN RABBIT	No
J0364	APOMORPHINE HYDROCHLORIDE	No
J0365	APROTONIN, 10,000 KIU	No
J0400	ARIPIRAZOLE INJECTION	No

Procedure Code	Procedure Code Description	Prior Authorization
J9017	ARSENIC TRIOXIDE	No
J9020	ASPARAGINASE INJECTION	No
J0460	ATROPINE SULFATE INJECTION	No
J7501	AZATHIOPRINE PARENTERAL	No
J0456	AZITHROMYCIN	No
J0475	BACLOFEN 10 MG INJECTION	No
J0476	BACLOFEN INTRATHECAL TRIAL	No
J9031	BCG LIVE INTRAVESICAL VAC	No
90586	BCG VACCINE, INTRAVESICAL	No
90585	BCG VACCINE, PERCUT	No
J0702	BETAMETHASONE ACET&SOD PHOSP	No
J0704	BETAMETHASONE SOD PHOSP/4 MG	No
J0520	BETHANECHOL CHLORIDE INJECT	No
J9035	BEVACIZUMAB INJECTION	No
J0583	BIVALIRUDIN	No
J9040	BLEOMYCIN SULFATE INJECTION	No
J9041	BORTEZOMIB INJECTION	No
J0585	BOTULINUM TOXIN A PER UNIT	No
J0587	BOTULINUM TOXIN TYPE B	No
J0945	BROMPHENIRAMINE MALEATE INJ	No
S0171	BUMETANIDE 0.5 MG	No
J0592	BUPRENORPHINE HYDROCHLORIDE	No
J0595	BUTORPHANOL TARTRATE 1 MG	No
J0706	CAFFEINE CITRATE INJECTION	No
J0630	CALCITONIN SALMON INJECTION	No
J0610	CALCIUM GLUCONATE INJECTION	No
J0620	CALCIUM GLYCER & LACT/10 ML	No
J9045	CARBOPLATIN INJECTION	No
J9050	CARMUS BISCHL NITRO INJ	No
J0637	CASPOFUNGIN ACETATE	No
J0690	CEFAZOLIN SODIUM INJECTION	No
J0692	CEFEPIME HCL FOR INJECTION	No
J0698	CEFOTAXIME SODIUM INJECTION	No
J0694	CEFOXITIN SODIUM INJECTION	No
J0715	CEFTIZOXIME SODIUM / 500 MG	No
J0696	CEFTRIAZONE SODIUM INJECTION	No
J9055	CETUXIMAB INJECTION	No
96402	CHEMO HORMON ANTINEOPL SQ/IM	No
96423	CHEMO IA INFUSE EACH ADDL HR	No
96422	CHEMO IA INFUSION UP TO 1 HR	No
96406	CHEMO INTRALESIONAL OVER 7	No
96405	CHEMO INTRALESIONAL, UP TO 7	No
96417	CHEMO IV INFUS EACH ADDL SEQ	No
96416	CHEMO PROLONG INFUSE W/PUMP	No
96401	CHEMO, ANTI-NEOPL, SQ/IM	No
96420	CHEMO, IA, PUSH TECHNIQUE	No
96413	CHEMO, IV INFUSION, 1 HR	No



Procedure Code	Procedure Code Description	Prior Authorization
96415	CHEMO, IV INFUSION, ADDL HR	No
96411	CHEMO, IV PUSH, ADDL DRUG	No
96409	CHEMO, IV PUSH, SNGL DRUG	No
96542	CHEMOTHERAPY INJECTION	No
96450	CHEMOTHERAPY, INTO CNS	No
96440	CHEMOTHERAPY, INTRACAVITARY	No
96445	CHEMOTHERAPY, INTRACAVITARY	No
96425	CHEMOTHERAPY,INFUSION METHOD	No
90716	CHICKEN POX VACCINE, SC	No
J0720	CHLORAMPHENICOL SODIUM INJEC	No
J1990	CHLORDIAZEPOXIDE INJECTION	No
J2400	CHLOROPROCAINE HCL INJECTION	No
J1205	CHLOROTHIAZIDE SODIUM INJ	No
J3230	CHLORPROMAZINE HCL INJECTION	No
J0725	CHORIONIC GONADOTROPIN/1000U	No
J0740	CIDOFOVIR INJECTION	No
J0743	CILASTATIN SODIUM INJECTION	No
J0744	CIPROFLOXACIN IV	No
J9060	CISPLATIN 10 MG INJECTION	No
J9062	CISPLATIN 50 MG INJECTION	No
J0735	CLONIDINE HYDROCHLORIDE	No
J0760	COLCHICINE INJECTION	No
J0770	COLISTIMETHATE SODIUM INJ	No
J7304	CONTRACEPTIVE HORMONE PATCH	No
J7304	CONTRACEPTIVE HORMONE PATCH	No
J7304	CONTRACEPTIVE HORMONE PATCH	No
J7303	CONTRACEPTIVE VAGINAL RING	No
J7303	CONTRACEPTIVE VAGINAL RING	No
J0795	CORTICORELIN OVINE TRIFLUTAL	No
J0800	CORTICOTROPIN INJECTION	No
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ	No
J9070	CYCLOPHOSPHAMIDE 100 MG INJ	No
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ	No
J9080	CYCLOPHOSPHAMIDE 200 MG INJ	No
J9090	CYCLOPHOSPHAMIDE 500 MG INJ	No
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J7516	CYCLOSPORIN PARENTERAL 250MG	No
J9100	CYTARABINE HCL 100 MG INJ	No
J9110	CYTARABINE HCL 500 MG INJ	No
J9098	CYTARABINE LIPOSOME	No
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	No
J7070	D5W INFUSION	No
J9130	DACARBAZINE 100 MG INJ	No

Procedure Code	Procedure Code Description	Prior Authorization
J9140	DACARBAZINE 200 MG INJ	No
J9120	DACTINOMYCIN ACTINOMYCIN D	No
J1645	DALTEPARIN SODIUM	No
J0878	DAPTOMYCIN INJECTION	No
J0882	DARBEPOETIN ALFA, ESRD USE	No
J0882	DARBEPOETIN ALFA, ESRD USE	No
J0881	DARBEPOETIN ALFA, NON-ESRD	No
J9150	DAUNORUBICIN	No
J0895	DEFEROXAMINE MESYLATE INJ	No
J1000	DEPO-ESTRADIOL CYPIONATE INJ	No
J1100	DEXAMETHASONE SODIUM PHOS	No
J1190	DEXRAZOXANE HCL INJECTION	No
J7100	DEXTRAN 40 INFUSION	No
J7110	DEXTRAN 75 INFUSION	No
J3360	DIAZEPAM INJECTION	No
J1730	DIAZOXIDE INJECTION	No
J0500	DICYCLOMINE INJECTION	No
J1162	DIGOXIN IMMUNE FAB (OVINE)	No
J1160	DIGOXIN INJECTION	No
J0470	DIMECAPROL INJECTION	No
J1240	DIMENHYDRINATE INJECTION	No
J1212	DIMETHYL SULFOXIDE 50% 50 ML	No
J1200	DIPHENHYDRAMINE HCL INJECTIO	No
90719	DIPHThERIA VACCINE, IM	Yes
J1245	DIPYRIDAMOLE INJECTION	No
J9170	DOCETAXEL	No
J1260	DOLASETRON MESYLATE	No
J1265	DOPAMINE INJECTION	No
J9000	DOXORUBIC HCL 10 MG VL CHEMO	No
J9001	DOXORUBICIN HCL LIPOSOME INJ	No
J1790	DROPERIDOL INJECTION	No
J1180	DYPHYLLINE INJECTION	No
J1300	ECULIZUMAB INJECTION	No
J0600	EDETATE CALCIUM DISODIUM INJ	No
J9175	ELLIOTTS B SOLUTION PER ML	No
90735	ENCEPHALITIS VACCINE, SC	No
J0886	EPOETIN ALFA 1000 UNITS ESRD	No
Q4081	EPOETIN ALFA, 100 UNITS ESRD	No
Q4081	EPOETIN ALFA, 100 UNITS ESRD	No
J0885	EPOETIN ALFA, NON-ESRD	No
J1327	EPTIFIBATIDE INJECTION	No
J1335	ERTAPENEM INJECTION	No
J1364	ERYTHRO LACTOBIONATE /500 MG	No
J1380	ESTRADIOL VALERATE 10 MG INJ	No
J1390	ESTRADIOL VALERATE 20 MG INJ	No
J0970	ESTRADIOL VALERATE INJECTION	No
J1438	ETANERCEPT INJECTION	Yes



Procedure Code	Procedure Code Description	Prior Authorization
J1430	ETHANOLAMINE OLEATE 100 MG	No
J7307	ETONOGESTREL IMPLANT SYSTEM	No
J9181	ETOPOSIDE 10 MG INJ	No
J9182	ETOPOSIDE 100 MG INJ	No
J3010	FENTANYL CITRATE INJECITON	No
J1440	FILGRASTIM 300 MCG INJECTION	No
J1441	FILGRASTIM 480 MCG INJECTION	No
J1572	FLEBOGAMMA INJECTION	No
J9200	FLOXURIDINE INJECTION	No
90656	FLU VACCINE NO PRESERV 3 & >	No
90655	FLU VACCINE NO PRESERV 6-35M	No
90658	FLU VACCINE, 3 YRS & >, IM	No
90657	FLU VACCINE, 3 YRS, IM	No
90660	FLU VACCINE, NASAL	No
J1450	FLUCONAZOLE	No
J9185	FLUDARABINE PHOSPHATE INJ	No
J9190	FLUOROURACIL INJECTION	No
J2680	FLUPHENAZINE DECANOATE 25 MG	No
J1451	FOMEPIZOLE, 15 MG	No
J1652	FONDAPARINUX SODIUM	No
J1455	FOSCARNET SODIUM INJECTION	No
Q2009	FOSPHENYTOIN, 50 MG	No
J1940	FUROSEMIDE INJECTION	No
J1457	GALLIUM NITRATE INJECTION	No
J1458	GALSULFASE INJECTION	No
J1560	GAMMA GLOBULIN > 10 CC INJ	No
J1460	GAMMA GLOBULIN 1 CC INJ	No
J1550	GAMMA GLOBULIN 10 CC INJ	No
J1470	GAMMA GLOBULIN 2 CC INJ	No
J1480	GAMMA GLOBULIN 3 CC INJ	No
J1490	GAMMA GLOBULIN 4 CC INJ	No
J1500	GAMMA GLOBULIN 5 CC INJ	No
J1510	GAMMA GLOBULIN 6 CC INJ	No
J1520	GAMMA GLOBULIN 7 CC INJ	No
J1530	GAMMA GLOBULIN 8 CC INJ	No
J1540	GAMMA GLOBULIN 9 CC INJ	No
J1569	GAMMAGARD LIQUID INJECTION	No
J1561	GAMUNEX INJECTION	No
J1570	GANCICLOVIR SODIUM INJECTION	No
J1580	GARAMYCIN GENTAMICIN INJ	No
J1590	GATIFLOXACIN INJECTION	No
J9201	GEMCITABINE HCL	No
J9300	GEMTUZUMAB OZOGAMICIN	No
J1610	GLUCAGON HYDROCHLORIDE/1 MG	No
J1600	GOLD SODIUM THIOMALEATE INJ	No
J9202	GOSERELIN ACETATE IMPLANT	No
J1626	GRANISETRON HCL INJECTION	No

Procedure Code	Procedure Code Description	Prior Authorization
J1631	HALOPERIDOL DECANOATE INJ	No
J1630	HALOPERIDOL INJECTION	No
J1640	HEMIN, 1 MG	No
90633	HEP A VACC, PED/ADOL, 2 DOSE	No
90636	HEP A/HEP B VACC, ADULT IM	No
90371	HEP B IG, IM	No
90746	HEP B VACCINE, ADULT, IM	No
90748	HEP B/HIB VACCINE, IM	No
J1571	HEPAGAM B IM INJECTION	No
J1573	HEPAGAM B INTRAVENOUS, INJ	No
90744	HEPB VACC PED/ADOL 3 DOSE IM	No
90740	HEPB VACC, ILL PAT 3 DOSE IM	No
90747	HEPB VACC, ILL PAT 4 DOSE IM	No
90645	HIB VACCINE, HBOC, IM	No
90648	HIB VACCINE, PRP-T, IM	No
Q4096	HUMATE-P, INJ	No
J3473	HYALURONIDASE RECOMBINANT	No
J0360	HYDRALAZINE HCL INJECTION	No
90761	HYDRATE IV INFUSION, ADD-ON	No
90760	HYDRATION IV INFUSION, INIT	No
J1700	HYDROCORTISONE ACETATE INJ	No
J1720	HYDROCORTISONE SODIUM SUCC I	No
J1170	HYDROMORPHONE INJECTION	No
J3410	HYDROXYZINE HCL INJECTION	No
J1980	HYOSCYAMINE SULFATE INJ	No
J7130	HYPERTONIC SALINE SOLUTION	No
J1740	IBANDRONATE SODIUM INJECTION	No
J1742	IBUTILIDE FUMARATE INJECTION	No
J9211	IDARUBICIN HCL INJECTION	No
J1743	IDURSULFASE INJECTION	No
J9208	IFOSFOMIDE INJECTION	No
Q3025	IM INJ INTERFERON BETA 1-A	No
J1566	IMMUNE GLOBULIN, POWDER	No
90471	IMMUNIZATION ADMIN	No
J1745	INFLIXIMAB INJECTION	Yes
J0515	INJ BENZTROPINE MESYLATE	No
J0636	INJ CALCITRIOL PER 0.1 MCG	No
J0713	INJ CEFTAZIDIME PER 500 MG	No
J9065	INJ CLADRIBINE PER 1 MG	No
J0745	INJ CODEINE PHOSPHATE /30 MG	No
J0835	INJ COSYNTROPIN PER 0.25 MG	No
J2597	INJ DESMOPRESSIN ACETATE	No
J1094	INJ DEXAMETHASONE ACETATE	No
J1110	INJ DIHYDROERGOTAMINE MESYLT	No
J1250	INJ DOBUTAMINE HCL/250 MG	No
J1650	INJ ENOXAPARIN SODIUM	No
J1410	INJ ESTROGEN CONJUGATE 25 MG	No





Procedure Code	Procedure Code Description	Prior Authorization
Q9953	INJ FE-BASED MR CONTRAST,1ML	No
J1642	INJ HEPARIN SODIUM PER 10 U	No
J1644	INJ HEPARIN SODIUM PER 1000U	No
J1955	INJ LEVOCARNITINE PER 1 GM	No
J3475	INJ MAGNESIUM SULFATE	No
J9245	INJ MELPHALAN HYDROCHL 50 MG	No
J0670	INJ MEPIVACAINE HCL/10 ML	No
J0380	INJ METARAMINOL BITARTRATE	No
J2250	INJ MIDAZOLAM HYDROCHLORIDE	No
J2260	INJ MILRINONE LACTATE / 5 MG	No
J2300	INJ NALBUPHINE HYDROCHLORIDE	No
J2310	INJ NALOXONE HYDROCHLORIDE	No
J3480	INJ POTASSIUM CHLORIDE	No
J2675	INJ PROGESTERONE PER 50 MG	No
J2720	INJ PROTAMINE SULFATE/10 MG	No
J2725	INJ PROTIRELIN PER 250 MCG	No
J2995	INJ STREPTOKINASE /250000 IU	No
J3305	INJ TRIMETREXATE GLUCORONATE	No
J9178	INJ, EPIRUBICIN HCL, 2 MG	No
J0150	INJECTION ADENOSINE 6 MG	No
J1435	INJECTION ESTRONE PER 1 MG	No
J1595	INJECTION GLATIRAMER ACETATE	No
S0164	INJECTION PANTOPRAZOLE	No
J3265	INJECTION TORSEMIDE 10 MG/ML	No
S0073	INJECTION, AZTREONAM, 500 MG	No
S0020	INJECTION, BUPIVACAINE HYDRO	No
S0074	INJECTION, CEFOTETAN DISODIU	No
S0023	INJECTION, CIMETIDINE HYDROC	No
S0077	INJECTION, CLINDAMYCIN PHOSP	No
J1270	INJECTION, DOXERCALCIFEROL	No
S0028	INJECTION, FAMOTIDINE, 20 MG	No
J9395	INJECTION, FULVESTRANT	No
S0030	INJECTION, METRONIDAZOLE	No
S0032	INJECTION, NAFCILLIN SODIUM	No
J2505	INJECTION, PEGFILGRASTIM 6MG	No
S0081	INJECTION, PIPERACILLIN SODI	No
J3465	INJECTION, VORICONAZOLE	No
J1815	INSULIN INJECTION	No
J9213	INTERFERON ALFA-2A INJ	No
J9214	INTERFERON ALFA-2B INJ	No
J9212	INTERFERON ALFACON-1	No
J9215	INTERFERON ALFA-N3 INJ	No
J1825	INTERFERON BETA-1A	No
J1830	INTERFERON BETA-1B / .25 MG	No
J9216	INTERFERON GAMMA 1-B INJ	No
J7300	INTRAUT COPPER CONTRACEPTIVE	No
J9206	IRINOTECAN INJECTION	No

Procedure Code	Procedure Code Description	Prior Authorization
J1751	IRON DEXTRAN 165 INJECTION	No
J1752	IRON DEXTRAN 267 INJECTION	No
Q4098	IRON DEXTRAN 267 INJECTION	No
J1756	IRON SUCROSE INJECTION	No
96523	IRRIG DRUG DELIVERY DEVICE	No
J1840	KANAMYCIN SULFATE 500 MG INJ	No
J1850	KANAMYCIN SULFATE 75 MG INJ	No
J1885	KETOROLAC TROMETHAMINE INJ	No
J1931	LARONIDASE INJECTION	No
J1945	LEPIRUDIN	No
J0640	LEUCOVORIN CALCIUM INJECTION	No
J1950	LEUPROLIDE ACETATE /3.75 MG	No
J9219	LEUPROLIDE ACETATE IMPLANT	No
J9218	LEUPROLIDE ACETATE INJECTION	No
J9217	LEUPROLIDE ACETATE SUSPENSION	No
J1956	LEVOFLOXACIN INJECTION	No
J7302	LEVONORGESTREL IU CONTRACEPT	No
J1960	LEVORPHANOL TARTRATE INJ	No
J2001	LIDOCAINE INJECTION	No
J2010	LINCOMYCIN INJECTION	No
J2060	LORAZEPAM INJECTION	No
J7504	LYMPHOCYTE IMMUNE GLOBULIN	No
J2150	MANNITOL INJECTION	No
90705	MEASLES VACCINE, SC	Yes
J9230	MECHLORETHAMINE HCL INJ	No
J1051	MEDROXYPROGESTERONE INJ	No
J1055	MEDROXYPROGESTER ACETATE INJ	No
90734	MENINGOCOCCAL VACCINE, IM	No
90733	MENINGOCOCCAL VACCINE, SC	No
J2175	MEPERIDINE HYDROCHL /100 MG	No
J2180	MEPERIDINE/PROMETHAZINE INJ	No
J2185	MEROPENEM	No
J9209	MESNA INJECTION	No
J7342	METABOLICALLY ACTIVE TISSUE	Yes
J2800	METHOCARBAMOL INJECTION	No
J9250	METHOTREXATE SODIUM INJ	No
J9260	METHOTREXATE SODIUM INJ	No
J0210	METHYLDOPATE HCL INJECTION	No
J2210	METHYLERGONOVIN MALEATE INJ	No
J1020	METHYLPREDNISOLONE 20 MG INJ	No
J1030	METHYLPREDNISOLONE 40 MG INJ	No
J1040	METHYLPREDNISOLONE 80 MG INJ	No
J2920	METHYLPREDNISOLONE INJECTION	No
J2930	METHYLPREDNISOLONE INJECTION	No
J2765	METOCLOPRAMIDE HCL INJECTION	No
J2248	MICAFUNGIN SODIUM INJECTION	No
J9290	MITOMYCIN 20 MG INJ	No



Procedure Code	Procedure Code Description	Prior Authorization
J9291	MITOMYCIN 40 MG INJ	No
J9280	MITOMYCIN 5 MG INJ	No
J9293	MITOXANTRONE HYDROCHL / 5 MG	No
90707	MMR VACCINE, SC	No
90710	MMRV VACCINE, SC	No
J2271	MORPHINE SO4 INJECTION 100MG	No
J2270	MORPHINE SULFATE INJECTION	No
J2275	MORPHINE SULFATE INJECTION	No
90704	MUMPS VACCINE, SC	Yes
J2916	NA FERRIC GLUCONATE COMPLEX	No
J2321	NANDROLONE DECANOATE 100 MG	No
J2322	NANDROLONE DECANOATE 200 MG	No
J2320	NANDROLONE DECANOATE 50 MG	No
J9261	NELARABINE INJECTION	No
J2710	NEOSTIGMINE METHYLSLFTE INJ	No
J7030	NORMAL SALINE SOLUTION INFUS	No
J7040	NORMAL SALINE SOLUTION INFUS	No
J7050	NORMAL SALINE SOLUTION INFUS	No
J1568	OCTAGAM INJECTION	No
J2354	OCTREOTIDE INJ, NON-DEPOT	No
J2353	OCTREOTIDE INJECTION, DEPOT	No
J2357	OMALIZUMAB INJECTION	No
J2405	ONDANSETRON HCL INJECTION	No
J2355	OPRELVEKIN INJECTION	No
J2360	ORPHENADRINE INJECTION	No
J2700	OXACILLIN SODIUM INJECITON	No
J9263	OXALIPLATIN	No
J2410	OXYMORPHONE HCL INJECTION	No
J2460	OXYTETRACYCLINE INJECTION	No
J2590	OXYTOCIN INJECTION	No
J9265	PACLITAXEL INJECTION	No
J9264	PACLITAXEL PROTEIN BOUND	No
J2425	PALIFERMIN INJECTION	No
J2469	PALONOSETRON HCL	No
J2430	PAMIDRONATE DISODIUM /30 MG	No
J9303	PANITUMUMAB INJECTION	No
J2440	PAPAVERIN HCL INJECTION	No
J2501	PARICALCITOL	No
S0146	PEG INTERFERON ALFA-2B/10	No
J2504	PEGADEMASE BOVINE, 25 IU	No
J2503	PEGAPTANIB SODIUM INJECTION	No
J9266	PEGASPARGASE/SINGL DOSE VIAL	No
J9305	PEMETREXED INJECTION	No
J0530	PENICILLIN G BENZATHINE INJ	No
J0540	PENICILLIN G BENZATHINE INJ	No
J0550	PENICILLIN G BENZATHINE INJ	No
J0560	PENICILLIN G BENZATHINE INJ	No

Procedure Code	Procedure Code Description	Prior Authorization
J0570	PENICILLIN G BENZATHINE INJ	No
J0580	PENICILLIN G BENZATHINE INJ	No
J2540	PENICILLIN G POTASSIUM INJ	No
J2510	PENICILLIN G PROCAINE INJ	No
J3070	PENTAZOCINE INJECTION	No
J2515	PENTOBARBITAL SODIUM INJ	No
J9268	PENTOSTATIN INJECTION	No
J2560	PHENOBARBITAL SODIUM INJ	No
J2760	PHENTOLAMINE MESYLATE INJ	No
J2370	PHENYLEPHRINE HCL INJECTION	No
J1165	PHENYTOIN SODIUM INJECTION	No
J2543	PIPERACILLIN/TAZOBACTAM	No
90727	PLAGUE VACCINE, IM	No
90732	PNEUMOCOCCAL VACCINE	No
J2730	PRALIDOXIME CHLORIDE INJ	No
J2650	PREDNISOLONE ACETATE INJ	No
J2690	PROCAINAMIDE HCL INJECTION	No
J0780	PROCHLORPERAZINE INJECTION	No
J2550	PROMETHAZINE HCL INJECTION	No
J1800	PROPRANOLOL INJECTION	No
J2724	PROTEIN C CONCENTRATE	No
J3415	PYRIDOXINE HCL 100 MG	No
90376	RABIES IG, HEAT TREATED	No
90375	RABIES IG, IM/SC	No
90676	RABIES VACCINE, ID	No
90675	RABIES VACCINE, IM	No
J2778	RANIBIZUMAB INJECTION	No
J2780	RANITIDINE HYDROCHLORIDE INJ	No
J2783	RASBURICASE	No
J3488	RECLAST INJECTION	No
96522	REFILL/MAINT PUMP/RESVR SYST	No
96521	REFILL/MAINT, PORTABLE PUMP	No
J2993	RETEPLASE INJECTION	No
J2788	RHO D IMMUNE GLOBULIN 50 MCG	No
J2790	RHO D IMMUNE GLOBULIN INJ	No
J2792	RHO(D) IMMUNE GLOBULIN H, SD	No
J2791	RHOPHYLAC INJECTION	No
J7120	RINGERS LACTATE INFUSION	No
J2794	RISPERIDONE, LONG ACTING	No
J9310	RITUXIMAB CANCER TREATMENT	No
J2795	ROPIVACAINE HCL INJECTION	No
90680	ROTOVIRUS VACC 3 DOSE, ORAL	No
90378	RSV IG, IM, 50MG	Yes
90706	RUBELLA VACCINE, SC	Yes
J2820	SARGRAMOSTIM INJECTION	No
90770	SC THER INFUSION, ADDL HR	No
90771	SC THER INFUSION, RESET PUMP	No

Procedure Code	Procedure Code Description	Prior Authorization
90769	SC THER INFUSION, UP TO 1 HR	No
J2805	SINCALIDE INJECTION	No
J2941	SOMATROPIN INJECTION	No
J3320	SPECTINOMYCN DI-HCL INJ	No
J0697	STERILE CEFUROXIME INJECTION	No
J3000	STREPTOMYCIN INJECTION	No
J9320	STREPTOZOCIN INJECTION	No
Q3026	SUBC INJ INTERFERON BETA-1A	No
J0330	SUCCINYCHOLINE CHLORIDE INJ	No
J3030	SUMATRIPTAN SUCCINATE / 6 MG	No
J9226	SUPPRELIN LA IMPLANT	No
J7525	TACROLIMUS INJECTION	No
90718	TD VACCINE > 7, IM	No
90715	TDAP VACCINE >7 IM	No
J3100	TENECTEPLASE INJECTION	No
Q2017	TENIPOSIDE, 50 MG	No
J3105	TERBUTALINE SULFATE INJ	No
J1070	TESTOSTERONE CYPIONAT 100 MG	No
J1080	TESTOSTERONE CYPIONAT 200 MG	No
J1060	TESTOSTERONE CYPIONATE 1 ML	No
J3120	TESTOSTERONE ENANTHATE INJ	No
J3130	TESTOSTERONE ENANTHATE INJ	No
S0189	TESTOSTERONE PELLET 75 MG	No
J1670	TETANUS IMMUNE GLOBULIN INJ	No
90703	TETANUS VACCINE, IM	No
90768	THER/DIAG CONCURRENT INF	No
90766	THER/PROPH/DG IV INF, ADD-ON	No
90773	THER/PROPH/DIAG INJ, IA	No
90774	THER/PROPH/DIAG INJ, IV PUSH	No
90772	THER/PROPH/DIAG INJ, SC/IM	No
90772	THER/PROPH/DIAG INJ, SC/IM	No
90772	THER/PROPH/DIAG INJ, SC/IM	No
90765	THER/PROPH/DIAG IV INF, INIT	No
J3411	THIAMINE HCL 100 MG	No
J3280	THIETHYLPERAZINE MALEATE INJ	No
J9340	THIOTEPA INJECTION	No
J3243	TIGECYCLINE INJECTION	No
J1655	TINZAPARIN SODIUM INJECTION	No
J3260	TOBRAMYCIN SULFATE INJECTION	No
J9350	TOPOTECAN	No
J9355	TRASTUZUMAB	No
J3285	TREPROSTINIL INJECTION	No
J3301	TRIAMCINOLONE ACETONIDE INJ	No
J3302	TRIAMCINOLONE DIACETATE INJ	No
J3303	TRIAMCINOLONE HEXACETONL INJ	No
J3250	TRIMETHOBENZAMIDE HCL INJ	No
J3315	TRIPTORELIN PAMOATE	No

Procedure Code	Procedure Code Description	Prior Authorization
90775	TX/PRO/DX INJ NEW DRUG ADDON	No
90767	TX/PROPH/DG ADDL SEQ IV INF	No
J3365	UROKINASE 250,000 IU INJ	No
J3364	UROKINASE 5000 IU INJECTION	No
J9357	VALRUBICIN, 200 MG	No
J3370	VANCOMYCIN HCL INJECTION	No
J9225	VANTAS IMPLANT	No
J3396	VERTEPORFIN INJECTION	No
J9360	VINBLASTINE SULFATE INJ	No
J9370	VINCRISTINE SULFATE 1 MG INJ	No
J9375	VINCRISTINE SULFATE 2 MG INJ	No
J9380	VINCRISTINE SULFATE 5 MG INJ	No
J9390	VINORELBINE TARTRATE/10 MG	No
J3420	VITAMIN B12 INJECTION	No
J3430	VITAMIN K PHYTONADIONE INJ	No
90717	YELLOW FEVER VACCINE, SC	No
J3485	ZIDOVUDINE	No
J3486	ZIPRASIDONE MESYLATE	No
J3487	ZOLEDRONIC ACID	No
90736	ZOSTER VACC, SC	No

### H.3 Physician Drug List by Procedure Code

The following table provides a listing of valid physician drug codes sorted numerically by procedure code. To view this list sorted alphabetically, refer to Section H.2, Physician Drug List by Name.

Replaced table

The following drugs can be injected subcutaneously, intramuscularly, or intravenously.

#### Appendix H as of 12/12/2008

Procedure Code	Procedure Code Description	Prior Authorization
90371	HEP B IG, IM	No
90375	RABIES IG, IM/SC	No
90376	RABIES IG, HEAT TREATED	No
90378	RSV IG, IM, 50MG	Yes
90471	IMMUNIZATION ADMIN	No
90585	BCG VACCINE, PERCUT	No
90586	BCG VACCINE, INTRAVESICAL	No
90633	HEP A VACC, PED/ADOL, 2 DOSE	No
90636	HEP A/HEP B VACC, ADULT IM	No
90645	HIB VACCINE, HBOC, IM	No
90648	HIB VACCINE, PRP-T, IM	No
90655	FLU VACCINE NO PRESERV 6-35M	No
90656	FLU VACCINE NO PRESERV 3 & >	No
90657	FLU VACCINE, 3 YRS, IM	No
90658	FLU VACCINE, 3 YRS & >, IM	No
90660	FLU VACCINE, NASAL	No
90675	RABIES VACCINE, IM	No
90676	RABIES VACCINE, ID	No
90680	ROTOVIRUS VACC 3 DOSE, ORAL	No
90703	TETANUS VACCINE, IM	No
90704	MUMPS VACCINE, SC	Yes
90705	MEASLES VACCINE, SC	Yes
90706	RUBELLA VACCINE, SC	Yes
90707	MMR VACCINE, SC	No
90710	MMRV VACCINE, SC	No
90715	TDAP VACCINE >7 IM	No
90716	CHICKEN POX VACCINE, SC	No
90717	YELLOW FEVER VACCINE, SC	No
90718	TD VACCINE > 7, IM	No
90719	DIPHTHERIA VACCINE, IM	Yes
90727	PLAGUE VACCINE, IM	No
90732	PNEUMOCOCCAL VACCINE	No
90733	MENINGOCOCCAL VACCINE, SC	No
90734	MENINGOCOCCAL VACCINE, IM	No
90735	ENCEPHALITIS VACCINE, SC	No
90736	ZOSTER VACC, SC	No
90740	HEPB VACC, ILL PAT 3 DOSE IM	No

Procedure Code	Procedure Code Description	Prior Authorization
90744	HEPB VACC PED/ADOL 3 DOSE IM	No
90746	HEP B VACCINE, ADULT, IM	No
90747	HEPB VACC, ILL PAT 4 DOSE IM	No
90748	HEP B/HIB VACCINE, IM	No
90760	HYDRATION IV INFUSION, INIT	No
90761	HYDRATE IV INFUSION, ADD-ON	No
90765	THER/PROPH/DIAG IV INF, INIT	No
90766	THER/PROPH/DG IV INF, ADD-ON	No
90767	TX/PROPH/DG ADDL SEQ IV INF	No
90768	THER/DIAG CONCURRENT INF	No
90769	SC THER INFUSION, UP TO 1 HR	No
90770	SC THER INFUSION, ADDL HR	No
90771	SC THER INFUSION, RESET PUMP	No
90772	THER/PROPH/DIAG INJ, SC/IM	No
90772	THER/PROPH/DIAG INJ, SC/IM	No
90772	THER/PROPH/DIAG INJ, SC/IM	No
90773	THER/PROPH/DIAG INJ, IA	No
90774	THER/PROPH/DIAG INJ, IV PUSH	No
90775	TX/PRO/DX INJ NEW DRUG ADDON	No
96401	CHEMO, ANTI-NEOPL, SQ/IM	No
96402	CHEMO HORMON ANTINEOPL SQ/IM	No
96405	CHEMO INTRALESIONAL, UP TO 7	No
96406	CHEMO INTRALESIONAL OVER 7	No
96409	CHEMO, IV PUSH, SNGL DRUG	No
96411	CHEMO, IV PUSH, ADDL DRUG	No
96413	CHEMO, IV INFUSION, 1 HR	No
96415	CHEMO, IV INFUSION, ADDL HR	No
96416	CHEMO PROLONG INFUSE W/PUMP	No
96417	CHEMO IV INFUS EACH ADDL SEQ	No
96420	CHEMO, IA, PUSH TECHNIQUE	No
96422	CHEMO IA INFUSION UP TO 1 HR	No
96423	CHEMO IA INFUSE EACH ADDL HR	No
96425	CHEMOTHERAPY,INFUSION METHOD	No
96440	CHEMOTHERAPY, INTRACAVITARY	No
96445	CHEMOTHERAPY, INTRACAVITARY	No
96450	CHEMOTHERAPY, INTO CNS	No
96521	REFILL/MAINT, PORTABLE PUMP	No
96522	REFILL/MAINT PUMP/RESVR SYST	No
96523	IRRIG DRUG DELIVERY DEVICE	No
96542	CHEMOTHERAPY INJECTION	No
J0128	ABARELIX INJECTION	No
J0129	ABATACEPT INJECTION	Yes
J0132	ACETYLCYSTEINE INJECTION	No
J0133	ACYCLOVIR INJECTION	No
J0135	ADALIMUMAB INJECTION	Yes
J0150	INJECTION ADENOSINE 6 MG	No
J0152	ADENOSINE INJECTION	No





Procedure Code	Procedure Code Description	Prior Authorization
J0170	ADRENALIN EPINEPHRIN INJECT	No
J0180	AGALSIDASE BETA INJECTION	No
J0205	ALGLUCERASE INJECTION	No
J0207	AMIFOSTINE	No
J0210	METHYLDOPATE HCL INJECTION	No
J0215	ALEFACEPT	No
J0220	ALGLUCOSIDASE ALFA INJECTION	No
J0256	ALPHA 1 PROTEINASE INHIBITOR	No
J0280	AMINOPHYLLIN 250 MG INJ	No
J0282	AMIODARONE HCL	No
J0285	AMPHOTERICIN B	No
J0287	AMPHOTERICIN B LIPID COMPLEX	No
J0288	AMPHO B CHOLESTERYL SULFATE	No
J0289	AMPHOTERICIN B LIPOSOME INJ	No
J0290	AMPICILLIN 500 MG INJ	No
J0295	AMPICILLIN SODIUM PER 1.5 GM	No
J0300	AMOBARBITAL 125 MG INJ	No
J0330	SUCCINYCHOLINE CHLORIDE INJ	No
J0348	ANADULAFUNGIN INJECTION	No
J0360	HYDRALAZINE HCL INJECTION	No
J0364	APOMORPHINE HYDROCHLORIDE	No
J0365	APROTONIN, 10,000 KIU	No
J0380	INJ METARAMINOL BITARTRATE	No
J0400	ARIPIRAZOLE INJECTION	No
J0456	AZITHROMYCIN	No
J0460	ATROPINE SULFATE INJECTION	No
J0470	DIMECAPROL INJECTION	No
J0475	BACLOFEN 10 MG INJECTION	No
J0476	BACLOFEN INTRATHECAL TRIAL	No
J0500	DICYCLOMINE INJECTION	No
J0515	INJ BENZTROPINE MESYLATE	No
J0520	BETHANECHOL CHLORIDE INJECT	No
J0530	PENICILLIN G BENZATHINE INJ	No
J0540	PENICILLIN G BENZATHINE INJ	No
J0550	PENICILLIN G BENZATHINE INJ	No
J0560	PENICILLIN G BENZATHINE INJ	No
J0570	PENICILLIN G BENZATHINE INJ	No
J0580	PENICILLIN G BENZATHINE INJ	No
J0583	BIVALIRUDIN	No
J0585	BOTULINUM TOXIN A PER UNIT	No
J0587	BOTULINUM TOXIN TYPE B	No
J0592	BUPRENORPHINE HYDROCHLORIDE	No
J0595	BUTORPHANOL TARTRATE 1 MG	No
J0600	EDETATE CALCIUM DISODIUM INJ	No
J0610	CALCIUM GLUCONATE INJECTION	No
J0620	CALCIUM GLYCER & LACT/10 ML	No
J0630	CALCITONIN SALMON INJECTION	No

Procedure Code	Procedure Code Description	Prior Authorization
J0636	INJ CALCITRIOL PER 0.1 MCG	No
J0637	CASPOFUNGIN ACETATE	No
J0640	LEUCOVORIN CALCIUM INJECTION	No
J0670	INJ MEPIVACAINE HCL/10 ML	No
J0690	CEFAZOLIN SODIUM INJECTION	No
J0692	CEFEPIME HCL FOR INJECTION	No
J0694	CEFOXITIN SODIUM INJECTION	No
J0696	CEFTRIAZONE SODIUM INJECTION	No
J0697	STERILE CEFUROXIME INJECTION	No
J0698	CEFOTAXIME SODIUM INJECTION	No
J0702	BETAMETHASONE ACET&SOD PHOSP	No
J0704	BETAMETHASONE SOD PHOSP/4 MG	No
J0706	CAFFEINE CITRATE INJECTION	No
J0713	INJ CEFTAZIDIME PER 500 MG	No
J0715	CEFTIZOXIME SODIUM / 500 MG	No
J0720	CHLORAMPHENICOL SODIUM INJEC	No
J0725	CHORIONIC GONADOTROPIN/1000U	No
J0735	CLONIDINE HYDROCHLORIDE	No
J0740	CIDOFOVIR INJECTION	No
J0743	CILASTATIN SODIUM INJECTION	No
J0744	CIPROFLOXACIN IV	No
J0745	INJ CODEINE PHOSPHATE /30 MG	No
J0760	COLCHICINE INJECTION	No
J0770	COLISTIMETHATE SODIUM INJ	No
J0780	PROCHLORPERAZINE INJECTION	No
J0795	CORTICORELIN OVINE TRIFLUTAL	No
J0800	CORTICOTROPIN INJECTION	No
J0835	INJ COSYNTROPIN PER 0.25 MG	No
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	No
J0878	DAPTOMYCIN INJECTION	No
J0881	DARBEPOETIN ALFA, NON-ESRD	No
J0882	DARBEPOETIN ALFA, ESRD USE	No
J0882	DARBEPOETIN ALFA, ESRD USE	No
J0885	EPOETIN ALFA, NON-ESRD	No
J0886	EPOETIN ALFA 1000 UNITS ESRD	No
J0895	DEFEROXAMINE MESYLATE INJ	No
J0945	BROMPHENIRAMINE MALEATE INJ	No
J0970	ESTRADIOL VALERATE INJECTION	No
J1000	DEPO-ESTRADIOL CYPIONATE INJ	No
J1020	METHYLPREDNISOLONE 20 MG INJ	No
J1030	METHYLPREDNISOLONE 40 MG INJ	No
J1040	METHYLPREDNISOLONE 80 MG INJ	No
J1051	MEDROXYPROGESTERONE INJ	No
J1055	MEDROXYPROGESTER ACETATE INJ	No
J1060	TESTOSTERONE CYPIONATE 1 ML	No
J1070	TESTOSTERONE CYPIONAT 100 MG	No
J1080	TESTOSTERONE CYPIONAT 200 MG	No

Procedure Code	Procedure Code Description	Prior Authorization
J1094	INJ DEXAMETHASONE ACETATE	No
J1100	DEXAMETHASONE SODIUM PHOS	No
J1110	INJ DIHYDROERGOTAMINE MESYLT	No
J1160	DIGOXIN INJECTION	No
J1162	DIGOXIN IMMUNE FAB (OVINE)	No
J1165	PHENYTOIN SODIUM INJECTION	No
J1170	HYDROMORPHONE INJECTION	No
J1180	DYPHYLLINE INJECTION	No
J1190	DEXRAZOXANE HCL INJECTION	No
J1200	DIPHENHYDRAMINE HCL INJECTIO	No
J1205	CHLOROTHIAZIDE SODIUM INJ	No
J1212	DIMETHYL SULFOXIDE 50% 50 ML	No
J1240	DIMENHYDRINATE INJECTION	No
J1245	DIPYRIDAMOLE INJECTION	No
J1250	INJ DOBUTAMINE HCL/250 MG	No
J1260	DOLASETRON MESYLATE	No
J1265	DOPAMINE INJECTION	No
J1270	INJECTION, DOXERCALCIFEROL	No
J1300	ECULIZUMAB INJECTION	No
J1320	AMITRIPTYLINE INJECTION	No
J1327	EPTIFIBATIDE INJECTION	No
J1335	ERTAPENEM INJECTION	No
J1364	ERYTHRO LACTOBIONATE /500 MG	No
J1380	ESTRADIOL VALERATE 10 MG INJ	No
J1390	ESTRADIOL VALERATE 20 MG INJ	No
J1410	INJ ESTROGEN CONJUGATE 25 MG	No
J1430	ETHANOLAMINE OLEATE 100 MG	No
J1435	INJECTION ESTRONE PER 1 MG	No
J1438	ETANERCEPT INJECTION	Yes
J1440	FILGRASTIM 300 MCG INJECTION	No
J1441	FILGRASTIM 480 MCG INJECTION	No
J1450	FLUCONAZOLE	No
J1451	FOMEPIZOLE, 15 MG	No
J1455	FOSCARNET SODIUM INJECTION	No
J1457	GALLIUM NITRATE INJECTION	No
J1458	GALSULFASE INJECTION	No
J1460	GAMMA GLOBULIN 1 CC INJ	No
J1470	GAMMA GLOBULIN 2 CC INJ	No
J1480	GAMMA GLOBULIN 3 CC INJ	No
J1490	GAMMA GLOBULIN 4 CC INJ	No
J1500	GAMMA GLOBULIN 5 CC INJ	No
J1510	GAMMA GLOBULIN 6 CC INJ	No
J1520	GAMMA GLOBULIN 7 CC INJ	No
J1530	GAMMA GLOBULIN 8 CC INJ	No
J1540	GAMMA GLOBULIN 9 CC INJ	No
J1550	GAMMA GLOBULIN 10 CC INJ	No
J1560	GAMMA GLOBULIN > 10 CC INJ	No

Procedure Code	Procedure Code Description	Prior Authorization
J1561	GAMUNEX INJECTION	No
J1566	IMMUNE GLOBULIN, POWDER	No
J1568	OCTAGAM INJECTION	No
J1569	GAMMAGARD LIQUID INJECTION	No
J1570	GANCICLOVIR SODIUM INJECTION	No
J1571	HEPAGAM B IM INJECTION	No
J1572	FLEBOGAMMA INJECTION	No
J1573	HEPAGAM B INTRAVENOUS, INJ	No
J1580	GARAMYCIN GENTAMICIN INJ	No
J1590	GATIFLOXACIN INJECTION	No
J1595	INJECTION GLATIRAMER ACETATE	No
J1600	GOLD SODIUM THIOMALEATE INJ	No
J1610	GLUCAGON HYDROCHLORIDE/1 MG	No
J1626	GRANISETRON HCL INJECTION	No
J1630	HALOPERIDOL INJECTION	No
J1631	HALOPERIDOL DECANOATE INJ	No
J1640	HEMIN, 1 MG	No
J1642	INJ HEPARIN SODIUM PER 10 U	No
J1644	INJ HEPARIN SODIUM PER 1000U	No
J1645	DALTEPARIN SODIUM	No
J1650	INJ ENOXAPARIN SODIUM	No
J1652	FONDAPARINUX SODIUM	No
J1655	TINZAPARIN SODIUM INJECTION	No
J1670	TETANUS IMMUNE GLOBULIN INJ	No
J1700	HYDROCORTISONE ACETATE INJ	No
J1720	HYDROCORTISONE SODIUM SUCC I	No
J1730	DIAZOXIDE INJECTION	No
J1740	IBANDRONATE SODIUM INJECTION	No
J1742	IBUTILIDE FUMARATE INJECTION	No
J1743	IDURSULFASE INJECTION	No
J1745	INFLIXIMAB INJECTION	Yes
J1751	IRON DEXTRAN 165 INJECTION	No
J1752	IRON DEXTRAN 267 INJECTION	No
J1756	IRON SUCROSE INJECTION	No
J1790	DROPERIDOL INJECTION	No
J1800	PROPRANOLOL INJECTION	No
J1815	INSULIN INJECTION	No
J1825	INTERFERON BETA-1A	No
J1830	INTERFERON BETA-1B / .25 MG	No
J1840	KANAMYCIN SULFATE 500 MG INJ	No
J1850	KANAMYCIN SULFATE 75 MG INJ	No
J1885	KETOROLAC TROMETHAMINE INJ	No
J1931	LARONIDASE INJECTION	No
J1940	FUROSEMIDE INJECTION	No
J1945	LEPIRUDIN	No
J1950	LEUPROLIDE ACETATE /3.75 MG	No
J1955	INJ LEVOCARNITINE PER 1 GM	No



Procedure Code	Procedure Code Description	Prior Authorization
J1956	LEVOFLOXACIN INJECTION	No
J1960	LEVORPHANOL TARTRATE INJ	No
J1980	HYOSCYAMINE SULFATE INJ	No
J1990	CHLORDIAZEPOXIDE INJECTION	No
J2001	LIDOCAINE INJECTION	No
J2010	LINCOMYCIN INJECTION	No
J2060	LORAZEPAM INJECTION	No
J2150	MANNITOL INJECTION	No
J2175	MEPERIDINE HYDROCHL /100 MG	No
J2180	MEPERIDINE/PROMETHAZINE INJ	No
J2185	MEROPENEM	No
J2210	METHYLERGONOVIN MALEATE INJ	No
J2248	MICAFUNGIN SODIUM INJECTION	No
J2250	INJ MIDAZOLAM HYDROCHLORIDE	No
J2260	INJ MILRINONE LACTATE / 5 MG	No
J2270	MORPHINE SULFATE INJECTION	No
J2271	MORPHINE SO4 INJECTION 100MG	No
J2275	MORPHINE SULFATE INJECTION	No
J2300	INJ NALBUPHINE HYDROCHLORIDE	No
J2310	INJ NALOXONE HYDROCHLORIDE	No
J2320	NANDROLONE DECANOATE 50 MG	No
J2321	NANDROLONE DECANOATE 100 MG	No
J2322	NANDROLONE DECANOATE 200 MG	No
J2353	OCTREOTIDE INJECTION, DEPOT	No
J2354	OCTREOTIDE INJ, NON-DEPOT	No
J2355	OPRELVEKIN INJECTION	No
J2357	OMALIZUMAB INJECTION	No
J2360	ORPHENADRINE INJECTION	No
J2370	PHENYLEPHRINE HCL INJECTION	No
J2400	CHLOROPROCAINE HCL INJECTION	No
J2405	ONDANSETRON HCL INJECTION	No
J2410	OXYMORPHONE HCL INJECTION	No
J2425	PALIFERMIN INJECTION	No
J2430	PAMIDRONATE DISODIUM /30 MG	No
J2440	PAPAVERIN HCL INJECTION	No
J2460	OXYTETRACYCLINE INJECTION	No
J2469	PALONOSETRON HCL	No
J2501	PARICALCITOL	No
J2503	PEGAPTANIB SODIUM INJECTION	No
J2504	PEGADEMASE BOVINE, 25 IU	No
J2505	INJECTION, PEGFILGRASTIM 6MG	No
J2510	PENICILLIN G PROCAINE INJ	No
J2515	PENTOBARBITAL SODIUM INJ	No
J2540	PENICILLIN G POTASSIUM INJ	No
J2543	PIPERACILLIN/TAZOBACTAM	No
J2550	PROMETHAZINE HCL INJECTION	No
J2560	PHENOBARBITAL SODIUM INJ	No

Procedure Code	Procedure Code Description	Prior Authorization
J2590	OXYTOCIN INJECTION	No
J2597	INJ DESMOPRESSIN ACETATE	No
J2650	PREDNISOLONE ACETATE INJ	No
J2675	INJ PROGESTERONE PER 50 MG	No
J2680	FLUPHENAZINE DECANOATE 25 MG	No
J2690	PROCAINAMIDE HCL INJECTION	No
J2700	OXACILLIN SODIUM INJECTON	No
J2710	NEOSTIGMINE METHYLSLFTE INJ	No
J2720	INJ PROTAMINE SULFATE/10 MG	No
J2724	PROTEIN C CONCENTRATE	No
J2725	INJ PROTIRELIN PER 250 MCG	No
J2730	PRALIDOXIME CHLORIDE INJ	No
J2760	PHENTOLAIN MESYLATE INJ	No
J2765	METOCLOPRAMIDE HCL INJECTION	No
J2778	RANIBIZUMAB INJECTION	No
J2780	RANITIDINE HYDROCHLORIDE INJ	No
J2783	RASBURICASE	No
J2788	RHO D IMMUNE GLOBULIN 50 MCG	No
J2790	RHO D IMMUNE GLOBULIN INJ	No
J2791	RHOPHYLAC INJECTION	No
J2792	RHO(D) IMMUNE GLOBULIN H, SD	No
J2794	RISPERIDONE, LONG ACTING	No
J2795	ROPIVACAINE HCL INJECTION	No
J2800	METHOCARBAMOL INJECTION	No
J2805	SINCALIDE INJECTION	No
J2820	SARGRAMOSTIM INJECTION	No
J2916	NA FERRIC GLUCONATE COMPLEX	No
J2920	METHYLPREDNISOLONE INJECTION	No
J2930	METHYLPREDNISOLONE INJECTION	No
J2941	SOMATROPIN INJECTION	No
J2993	RETEPLASE INJECTION	No
J2995	INJ STREPTOKINASE /250000 IU	No
J2997	ALTEPLASE RECOMBINANT	No
J3000	STREPTOMYCIN INJECTION	No
J3010	FENTANYL CITRATE INJECTON	No
J3030	SUMATRIPTAN SUCCINATE / 6 MG	No
J3070	PENTAZOCINE INJECTION	No
J3100	TENECTEPLASE INJECTION	No
J3105	TERBUTALINE SULFATE INJ	No
J3120	TESTOSTERONE ENANTHATE INJ	No
J3130	TESTOSTERONE ENANTHATE INJ	No
J3230	CHLORPROMAZINE HCL INJECTION	No
J3243	TIGECYCLINE INJECTION	No
J3250	TRIMETHOBENZAMIDE HCL INJ	No
J3260	TOBRAMYCIN SULFATE INJECTION	No
J3265	INJECTION TORSEMIDE 10 MG/ML	No
J3280	THIETHYLPERAZINE MALEATE INJ	No



Procedure Code	Procedure Code Description	Prior Authorization
J3285	TREPROSTINIL INJECTION	No
J3301	TRIAMCINOLONE ACETONIDE INJ	No
J3302	TRIAMCINOLONE DIACETATE INJ	No
J3303	TRIAMCINOLONE HEXACETONL INJ	No
J3305	INJ TRIMETREXATE GLUCORONATE	No
J3315	TRIPTORELIN PAMOATE	No
J3320	SPECTINOMYCN DI-HCL INJ	No
J3360	DIAZEPAM INJECTION	No
J3364	UROKINASE 5000 IU INJECTION	No
J3365	UROKINASE 250,000 IU INJ	No
J3370	VANCOMYCIN HCL INJECTION	No
J3396	VERTEPORFIN INJECTION	No
J3410	HYDROXYZINE HCL INJECTION	No
J3411	THIAMINE HCL 100 MG	No
J3415	PYRIDOXINE HCL 100 MG	No
J3420	VITAMIN B12 INJECTION	No
J3430	VITAMIN K PHYTONADIONE INJ	No
J3465	INJECTION, VORICONAZOLE	No
J3473	HYALURONIDASE RECOMBINANT	No
J3475	INJ MAGNESIUM SULFATE	No
J3480	INJ POTASSIUM CHLORIDE	No
J3485	ZIDOVUDINE	No
J3486	ZIPRASIDONE MESYLATE	No
J3487	ZOLEDRONIC ACID	No
J3488	RECLAST INJECTION	No
J7030	NORMAL SALINE SOLUTION INFUS	No
J7040	NORMAL SALINE SOLUTION INFUS	No
J7042	5% DEXTROSE/NORMAL SALINE	No
J7050	NORMAL SALINE SOLUTION INFUS	No
J7060	5% DEXTROSE/WATER	No
J7070	D5W INFUSION	No
J7100	DEXTRAN 40 INFUSION	No
J7110	DEXTRAN 75 INFUSION	No
J7120	RINGERS LACTATE INFUSION	No
J7130	HYPERTONIC SALINE SOLUTION	No
J7300	INTRAUT COPPER CONTRACEPTIVE	No
J7302	LEVONORGESTREL IU CONTRACEPT	No
J7303	CONTRACEPTIVE VAGINAL RING	No
J7303	CONTRACEPTIVE VAGINAL RING	No
J7304	CONTRACEPTIVE HORMONE PATCH	No
J7304	CONTRACEPTIVE HORMONE PATCH	No
J7304	CONTRACEPTIVE HORMONE PATCH	No
J7307	ETONOGESTREL IMPLANT SYSTEM	No
J7342	METABOLICALLY ACTIVE TISSUE	Yes
J7501	AZATHIOPRINE PARENTERAL	No
J7504	LYMPHOCYTE IMMUNE GLOBULIN	No
J7511	ANTITHYMOCYTE GLOBULN RABBIT	No

Procedure Code	Procedure Code Description	Prior Authorization
J7516	CYCLOSPORIN PARENTERAL 250MG	No
J7525	TACROLIMUS INJECTION	No
J9000	DOXORUBIC HCL 10 MG VL CHEMO	No
J9001	DOXORUBICIN HCL LIPOSOME INJ	No
J9010	ALEMTUZUMAB INJECTION	No
J9015	ALDESLEUKIN/SINGLE USE VIAL	No
J9017	ARSENIC TRIOXIDE	No
J9020	ASPARAGINASE INJECTION	No
J9031	BCG LIVE INTRAVESICAL VAC	No
J9035	BEVACIZUMAB INJECTION	No
J9040	BLEOMYCIN SULFATE INJECTION	No
J9041	BORTEZOMIB INJECTION	No
J9045	CARBOPLATIN INJECTION	No
J9050	CARMUS BISCHL NITRO INJ	No
J9055	CETUXIMAB INJECTION	No
J9060	CISPLATIN 10 MG INJECTION	No
J9062	CISPLATIN 50 MG INJECTION	No
J9065	INJ CLADRIBINE PER 1 MG	No
J9070	CYCLOPHOSPHAMIDE 100 MG INJ	No
J9080	CYCLOPHOSPHAMIDE 200 MG INJ	No
J9090	CYCLOPHOSPHAMIDE 500 MG INJ	No
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ	No
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ	No
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED	No
J9098	CYTARABINE LIPOSOME	No
J9100	CYTARABINE HCL 100 MG INJ	No
J9110	CYTARABINE HCL 500 MG INJ	No
J9120	DACTINOMYCIN ACTINOMYCIN D	No
J9130	DACARBAZINE 100 MG INJ	No
J9140	DACARBAZINE 200 MG INJ	No
J9150	DAUNORUBICIN	No
J9170	DOCETAXEL	No
J9175	ELLIOTTS B SOLUTION PER ML	No
J9178	INJ, EPIRUBICIN HCL, 2 MG	No
J9181	ETOPOSIDE 10 MG INJ	No
J9182	ETOPOSIDE 100 MG INJ	No
J9185	FLUDARABINE PHOSPHATE INJ	No
J9190	FLUOROURACIL INJECTION	No
J9200	FLOXURIDINE INJECTION	No
J9201	GEMCITABINE HCL	No
J9202	GOSERELIN ACETATE IMPLANT	No
J9206	IRINOTECAN INJECTION	No
J9208	IFOSFOMIDE INJECTION	No





Procedure Code	Procedure Code Description	Prior Authorization
J9209	MESNA INJECTION	No
J9211	IDARUBICIN HCL INJECTION	No
J9212	INTERFERON ALFACON-1	No
J9213	INTERFERON ALFA-2A INJ	No
J9214	INTERFERON ALFA-2B INJ	No
J9215	INTERFERON ALFA-N3 INJ	No
J9216	INTERFERON GAMMA 1-B INJ	No
J9217	LEUPROLIDE ACETATE SUSPNSION	No
J9218	LEUPROLIDE ACETATE INJECITON	No
J9219	LEUPROLIDE ACETATE IMPLANT	No
J9225	VANTAS IMPLANT	No
J9226	SUPPRELIN LA IMPLANT	No
J9230	MECHLORETHAMINE HCL INJ	No
J9245	INJ MELPHALAN HYDROCHL 50 MG	No
J9250	METHOTREXATE SODIUM INJ	No
J9260	METHOTREXATE SODIUM INJ	No
J9261	NELARABINE INJECTION	No
J9263	OXALIPLATIN	No
J9264	PACLITAXEL PROTEIN BOUND	No
J9265	PACLITAXEL INJECTION	No
J9266	PEGASPARGASE/SINGL DOSE VIAL	No
J9268	PENTOSTATIN INJECTION	No
J9280	MITOMYCIN 5 MG INJ	No
J9290	MITOMYCIN 20 MG INJ	No
J9291	MITOMYCIN 40 MG INJ	No
J9293	MITOXANTRONE HYDROCHL / 5 MG	No
J9300	GEMTUZUMAB OZOGAMICIN	No
J9303	PANITUMUMAB INJECTION	No
J9305	PEMETREXED INJECTION	No
J9310	RITUXIMAB CANCER TREATMENT	No
J9320	STREPTOZOCIN INJECTION	No
J9340	THIOTEPA INJECTION	No
J9350	TOPOTECAN	No
J9355	TRASTUZUMAB	No
J9357	VALRUBICIN, 200 MG	No
J9360	VINBLASTINE SULFATE INJ	No
J9370	VINCRISTINE SULFATE 1 MG INJ	No
J9375	VINCRISTINE SULFATE 2 MG INJ	No
J9380	VINCRISTINE SULFATE 5 MG INJ	No
J9390	VINORELBINE TARTRATE/10 MG	No
J9395	INJECTION, FULVESTRANT	No
Q2009	FOSPHENYTOIN, 50 MG	No
Q2017	TENIPOSIDE, 50 MG	No
Q3025	IM INJ INTERFERON BETA 1-A	No
Q3026	SUBC INJ INTERFERON BETA-1A	No
Q4081	EPOETIN ALFA, 100 UNITS ESRD	No
Q4081	EPOETIN ALFA, 100 UNITS ESRD	No

Procedure Code	Procedure Code Description	Prior Authorization
Q4096	HUMATE-P, INJ	No
Q4098	IRON DEXTRAN 267 INJECTION	No
Q9953	INJ FE-BASED MR CONTRAST,1ML	No
S0020	INJECTION, BUPIVICAINE HYDRO	No
S0023	INJECTION, CIMETIDINE HYDROC	No
S0028	INJECTION, FAMOTIDINE, 20 MG	No
S0030	INJECTION, METRONIDAZOLE	No
S0032	INJECTION, NAFCILLIN SODIUM	No
S0073	INJECTION, AZTREONAM, 500 MG	No
S0074	INJECTION, CEFOTETAN DISODIU	No
S0077	INJECTION, CLINDAMYCIN PHOSP	No
S0081	INJECTION, PIPERACILLIN SODI	No
S0146	PEG INTERFERON ALFA-2B/10	No
S0164	INJECTION PANTROPRAZOLE	No
S0171	BUMETANIDE 0.5 MG	No
S0189	TESTOSTERONE PELLETT 75 MG	No